NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE
SHARED CARE PROTOCOL AGREEMENT

RMOC have produced documentation for standardising the shared care of amiodarone but the final version is yet to be published. Once this is available we will adapt our protocol to the format recommended by RMOC.

AMIODARONE

OBJECTIVES

- To outline the referral criteria for shared-care, define the responsibilities of the Specialist and the GP.
- To provide an information summary on the prescribing and monitoring of amiodarone.

REFERRAL CRITERIA

- Prescribing responsibility will only be transferred when it is agreed by the specialist and the patient's primary care prescriber that the patient **is stabilised on their regimen without adverse effect and with benefit demonstrated.**

PROCESS FOR TRANSFERRING PRESCRIBING TO PRIMARY CARE

- The request for shared care should include individual patient information, outlining all relevant aspects of the patients care and which includes direction to the specific information sheets at www.nottsapc.nhs.uk.
- If the GP does not agree to share care for the patient then he/she will inform the Specialist of his/her decision in writing within 14 days, outlining the reason for decline. Agreement can be assumed if the GP does not provide written decline.
- In cases where shared care arrangements are not in place, or where problems have arisen within the agreement and patient care may be affected, the responsibility for the patients management including prescribing reverts back to the specialist.

CONDITION TO BE TREATED

Amiodarone is mainly used for two indications, atrial fibrillation (AF) and ventricular tachycardia (VT). Amiodarone is not a first choice therapy and patients on it should be under long term cardiology follow up. It is generally used as a bridge to ablation (either AF or VT).

Amiodarone can be used long term in patients that are unsuitable for ablation and have failed to respond to other therapies or are elderly or have a poor prognosis so are not likely to be on amiodarone long enough to develop pulmonary fibrosis. The consultants should clearly specify in their letter that the amiodarone is to continue and that the GP should perform the monitoring.

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NATIONAL/ LOCAL GUIDANCE

- **NICE CG 180: Atrial Fribrillation: management** recommends Amiodarone in cardioversion, in people with left ventricular impairment or heart failure and in people undergoing cardiothoracic surgery. It does not recommend amiodarone for long-term rate control.

- NHS England recommends in their list of **Items which should not routinely be prescribed in primary care: Guidance for CCGs** (June 2019) that amiodarone must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with NICE Guidance

CG180. It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment.

CLINCAL INFORMATION
See the Amiodarone Information Sheet for Primary Care Prescribers.

AREAS OF RESPONSIBILITY

Specialist's Roles and Responsibilities

1. The specialist will confirm the working diagnosis.
2. The specialist will recommend and initiate the treatment.
3. The specialist will ensure that the patient has an adequate supply of medication (usually 28 days) until shared care arrangements are in place. Further prescriptions will be issued if, for unseen reasons, arrangements for shared care are not in place at the end of 28 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
4. If shared care is considered appropriate for the patient, and the patient's treatment regimen is confirmed and benefit from treatment is demonstrated, the specialist will contact the GP.
5. The specialist will provide the patient's GP with the following information:
   - diagnosis of the patient's condition with the relevant clinical details.
   - details of the patient's treatment to date
   - details of treatments to be undertaken by GP*
   - details of other treatments being received by the patient that are not included in shared care
   - details of monitoring arrangements

   *Including reasons for choice of treatment, medicine or medicine combination, frequency of treatment, number of months of treatment to be given before review by the consultant.
6. Whenever the specialist sees the patient, he/she will
   - send a written summary within 14 days to the patient's GP.
   - record test results on the patient-held monitoring booklet if applicable
   - communicate any dosage changes made to the patient
7. The specialist team will be able to provide training for primary care prescribers if necessary to support the shared care agreement.
8. Contact details for during working and non-working hours will be made available
9. Details for fast track referral back to secondary care will be supplied.
10. The specialist will provide the patient with details of their treatment, follow up appointments, monitoring requirements and nurse specialist contact details.
11. The specialist will highlight the importance of monitoring to the patient and explain the potential withdrawal of treatment if monitoring appointments are not attended

Primary Care Prescriber's Roles and Responsibilities

If the primary care prescriber does not agree to shared care for the patient then he/ she will inform the Specialist of his/her decision in writing within 14 days.
The Primary Care Prescriber will be responsible for:
1. Ensuring that he/she has the information and knowledge to understand the therapeutic issues relating to the patients clinical condition.

2. Undergoing any additional training necessary in order to carry out the prescribing and monitoring necessary
3. Agreeing that in his / her opinion the patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain within secondary care.
4. Prescribing the maintenance therapy in accordance with the written instructions contained within the information sheets, and communicating any changes of dosage made in primary care to the patient. It is the responsibility of the prescriber that makes a dose change to communicate this to the patient.
5. Where applicable keep the patient-held monitoring booklet up to date with the results of investigations changes in dose and alterations in management and take any actions necessary. It is the responsibility of the clinician actioning the results from monitoring, in accordance with this shared care guideline, and thereby prescribing for the patient to complete the patients record with the necessary information.
6. Reporting any adverse effect in the treatment of the patient to the specialist team.
7. The Primary Care Prescriber will ensure that the patient is monitored as outlined in the information sheet(s) and will take the advice of the referring specialist if there are any amendments to the suggested monitoring schedule.
8. The Primary Care Prescriber will ensure that the patient is given the appropriate appointments for follow up and monitoring, and that defaulters from follow up are contacted to arrange alternative appointments. It is the Primary Care Prescribers responsibility to decide whether to continue treatment in a patient who does not attend appointments required for follow up and monitoring

Community Pharmacist Roles and Responsibilities

1. Professionally check prescriptions to ensure they are safe for the patient and contact the GP if necessary to clarify their intentions.
2. Fulfil legal prescriptions for medication for the patient unless they are considered unsafe.
3. Counsel the patient on the proper use of their medication.
4. Advise patients suspected of experiencing an adverse reaction to their medicines to contact their GP.

Patient's Roles and Responsibilities

1. Take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
2. Attend all follow-up appointments with GP and specialist. If they are unable to attend any appointments they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
3. Inform all healthcare professionals of their current medication prior to receiving any new prescribed or over-the-counter medication.
4. Report all suspected adverse reactions to medicines to their GP.
5. Store their medication securely away from children.
6. Read the information supplied by their GP, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given

Specialist contact details:
Specialist and primary care prescribers are encouraged to communicate directly where questions arise around the shared care for a particular patient. If issues remain, after these discussions, the Chief/Senior Pharmacist at the CCG or hospital Trust should be contacted for advice.

NOTTINGHAM UNIVERSITY HOSPITALS switchboard 0115 924 9924

SHERWOOD FOREST HOSPITAL switchboard 01623 622515

Out of hours: a Consultant, Specialist Registrar or Pharmacist may be contacted via the appropriate hospital switchboard.

In consultation with:
Cardiology Consultants and Specialist Pharmacists from NUH and SFHT

- Joe Morris, Lead pharmacist – medicine, Sherwood Forest Hospitals Trust, Pharmacy Department;

- Helena Nicholson, Specialist Clinical Pharmacist- Cardiology, Nottingham University Hospitals NHS Trust, Ext. 59374.

V1.0 - Amiodarone Shared Care Protocol			
Version	Author(s)	Date	Changes
1.1	Irina Varlan	05.08.2021	The Amiodarone information sheet adapted into a SCP. No changes in monitoring. Awaiting final RMOC SCP for amiodarone to align local protocol.